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RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION COUNTRY PROGRAMMES AND FOR ADDITIONAL GENERAL RESOURCES TO FUND APPROVED COUNTRY PROGRAMMES IN THE CENTRAL AND EASTERN EUROPE REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes in the Central and Eastern Europe region with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. It also contains a recommendation for additional general resources to fund the approved country programme in the same region for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve:

(a) The following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Moldova	1 500 000	2 000 000	1995-1996
Turkey	2 200 000	2 800 000	1996

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

(b) Additional general resources in the amount of $497,002 to achieve the objectives of the country programme as originally approved by the Board:

Country/programme	Amount (United States dollars)	Current programme cycle
Turkey	497 002	1991-1995

Summaries of individual recommendations follow.

I. MOLDOVA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	1.4
U5MR (per 1,000 live births)	36
IMR (per 1,000 live births)	31
Underweight (% moderate and severe)	5.2
Maternal mortality rate (per 100,000 live births)	52
Literacy (% male/female)	99/94
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$1,300

One-year-olds fully immunized against:

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	87 per cent
measles:	92 per cent
poliomyelitis:	97 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

1. Moldova declared its independence from the former Soviet Union in August 1991. Moldova is a largely agricultural country with very rich soil. However, it is drought-prone and the summer of 1994 brought the worst drought in 70 years, a hurricane and floods of emergency proportions, which left 20,000 persons homeless and caused an estimated $260 million worth of damage. Moldova has a population of 4.4 million, which declined in 1993. About 750,000 people live in the regions of Transnistria and Gagauzia, which are claiming independence. Ethnic Moldovans comprise 64 per cent of the population, followed by Ukrainians (14 per cent), Russians (14 per cent) and Gagauzians (4 per cent).

2. Elections and a referendum in early 1994 showed that the great majority of Moldovans preferred independence. There were further developments made to reassure the minorities, including the suspension of the Moldovan language law, and greater association with the Commonwealth of Independent States.

3. The gross domestic product declined by two thirds between 1989 and 1994. Many enterprises have closed or are operating at greatly reduced capacity, causing high unemployment and underemployment. Some 250,000 workers were dismissed from the state sector. This has hit women hardest as they were the first to lose their jobs. Moldova no longer has subsidized fuels and raw materials, traditional trading patterns have been disrupted and the cost of essential imports has increased greatly. Some Moldovan families are impoverished. Wages and benefit payments have not kept up with prices. Teachers, health workers and other social sector state employees have gone long periods without pay.

4. Where they exist, social service safety nets have proved far from safe. As the vast majority of pre-school child facilities are state owned, they are largely dependent on state financing, which has dwindled dramatically in the past four years. Pre-schools, once free, now charge a fee, and attendance is declining. The emerging small-scale, private kindergartens are both too few and too expensive to provide universal pre-school coverage. Enterprises that previously provided social benefits for their employees now contribute to the People's Social Protection Fund. However, this fund has fallen behind seriously with its benefit payments.

5. Moldova had sophisticated health services, with free health care and medicines. This is now in serious decline owing to the lack of funds to import drugs, supplies and equipment, almost none of which are produced in the country. Medicines are no longer free, except for infants; and pharmacies have very limited stocks, which were drawn upon heavily during the 1994 flood emergency. Hospitals are kept running in part with drugs donated by the international community. Loans from the World Bank and the European Union will permit the importation of about 20 per cent of the medicines needed for 1995. Patients often are required to bring renewable surgical supplies with them, which they buy on the open market.

6. The decline of health services is having a serious impact on the health of children. The infant mortality rate (IMR) has increased, and acute respiratory infections (ARI) are responsible for 50 per cent of IMR. ARI is the leading cause of hospitalization and death among young children.

7. The second cause is perinatal complications, which account for 30 per cent of infant deaths. With the high level of water pollution and a shortage of chlorine for drinking water treatment, it is likely that diarrhoeal diseases are underreported. Hepatitis A also has increased rapidly. However, the Government reports that neonatal tetanus has been eliminated.

8. Moldova has one of the highest maternal mortality rates (MMRs) in Europe at 52 per 100,000 live births in 1993. Factors related to the increase of MMR are shortages of drugs and resuscitating equipment in maternities, as well as the lack of ambulance fuel for transporting rural women in labour to maternity services. Anaemia affects 50 per cent of pregnant women. Iron and folic acid tablets are in short supply. Divorce, single parenthood and economic distress are making life very difficult for women.

9. Iodine deficiency disorders (IDD) are reflected in the incidence of hyperthyroidism among newborns which is 9 per 10,000 births. No data are available on goitre and cretinism among children. No information is available on the iodization of salt; all salt is imported from Ukraine and Kazakhstan. No cases of vitamin A and D deficiency have been reported.

10. Moldovan is becoming the principal language of education, although separate Russian schools will now be added to give parents a choice. In Transnistria, only Russian is allowed for instruction. There is also a serious shortage of non-Russian textbooks. Teachers have gone without pay and have gone on strike for better conditions. Classroom lighting and heating have been reduced, and in some localities, parents contribute work and money to their children's schools. There are overcrowded kindergartens and schools. Schools have established a practice of holding classes in two or three shifts - morning, afternoon and evening. No adequate facilities have been constructed to meet the new challenge of separate Russian and Romanian language schooling.

11. The Moldovan Parliament ratified the Convention on the Rights of the Child in 1993. The Convention has the potential to become an important influence in improving child survival, development and protection in Moldova as the country aspires to meet its provisions.

Recommended programme cooperation, 1995-1996

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	Total
General resources			
Primary health care	375	375	750
Nutrition	75	75	150
Education	100	100	200
Research, monitoring and evaluation	50	50	100
Programme support	150	150	300
Subtotal	750	750	1 500
Supplementary funding			
Primary health care	600	600	1 200
Education	400	400	800
Subtotal	1 000	1 000	2 000
Total	1 750	1 750	3 500

Programme objectives

12. The overall goal of the country programme is to arrest the rise in infant and maternal mortality and improve the overall quality of life for children and women in Moldova. The overall strategy will be to influence policy and practices in the social sector and build on the country's past achievements in health, education and social protection for children and women.

13. The objectives of the country programme are to (a) arrest the increasing trends in IMR and MMR and lay the foundations for decreases in line with the decade goals; (b) promote and support the reorientation of maternal and child health (MCH) policies and practices in a more cost-effective manner and in line with World Health Organization (WHO) norms; (c) support Government efforts to prevent an erosion in the quality and coverage of educational services and promote an educational curriculum appropriate to a changing society; and (d) support the development and implementation of a national programme of action (NPA) for children and achieve the mid-decade goals by 1995.

Programme strategy

14. UNICEF has not yet established a presence in Moldova. In the past, selected activities have been carried out in coordination with other United Nations agencies. During 1994, UNICEF fielded two assessment and programme development missions to Moldova to prepare a country programme recommendation as well as to discuss priority needs of children and women with various ministries and potential non-governmental organization (NGO) partners.

15. UNICEF will demonstrate its ability to engage effectively as a serious partner with Government and NGOs. A high priority will be the rapid delivery of urgently needed medical supplies and equipment to meet critical shortages. UNICEF will cooperate primarily with the MCH Section of the Ministry of Health, and UNICEF assistance for immunization, ARI treatment and control, and breast-feeding will be coordinated closely, essentially by one management group, staff and facilities for all activities. UNICEF assistance for service delivery will evolve gradually to help rebuild organizational capacity to achieve the

Government goals of reaching Western European standards of health care and cost-effectiveness in education and social protection.

16. Individuals, families and communities will be empowered with knowledge of how to become more self-reliant. A participatory approach in which people themselves have an opportunity to influence the design of messages and appropriate activities will be pursued.

17. Advocacy is an important strategy. Political leaders, parliamentarians, government officials, NGOs, print and electronic media, religions, artists, intellectuals and other groups will promote the Convention on the Rights of the Child and the decade goals in every sector of society. An NPA will provide a policy framework for achievement and sustainability of the decade goals.

18. The country programme includes five programmes: primary health care (PHC); nutrition; education; and research, monitoring and evaluation. In addition, there is a budgetary provision for programme management.

Primary health care

19. UNICEF will provide supplies and equipment, training, research and public education for each component of the PHC programme. A large proportion of the supplies and equipment will be provided in the form of kits, especially packed for ease of handling and distribution and designed to meet specific needs. An extension to cover nationwide needs is planned provided supplementary funds become available. For example, maternity kits will contain all the essential requirements of a delivery room and maternity ward and should help to reduce maternal deaths. Health staff will be trained in the correct prescription of drugs and compliance with revised vaccine schedules. Supplies for immunization, surgery and obstetric interventions, as well as for the treatment of infectious diseases with antibiotics, detergents, antiseptics and non-chloride disinfectants, will be provided.

20. Rationalization of drug prescriptions through the use of generic drugs, specifying limited number of types of essential drugs, the translation and printing of guidelines for the use of generic drugs and refresher courses for practitioners will help the Ministry of Health to reduce the quantity of imported drugs and assure the viability of a new health insurance system to be established in 1995. In close cooperation with WHO, the International Federation of the Red Cross and others, UNICEF will provide technical assistance to assess the needs by facility level as well as to define lists of drugs and assistance needed for training prescribers at village and district hospitals. Studies on the cost-effectiveness of the current health system will help to reform the system and its regulations. For example, a patient's need for consultations with specialists should be reduced, as well as the number and duration of hospitalizations, and operating costs.

21. For safe motherhood, close cooperation with WHO, the United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation will strengthen public information and education in reproductive health. Existing materials will be adapted, translated and printed for wide distribution in health facilities, universities, high schools, factories, etc. Technical assistance for research and studies will help to analyse the underlying causes of the country's high MMR and to formulate a policy and five-year plan of action for preventing maternal deaths. Essential drugs, consumable supplies and basic resuscitation equipment will be provided to rural hospitals and maternity wards of district hospitals, together with staff training on their use. Training material in the use of such equipment will be prepared and distributed to all obstetricians and midwives.

22. For 1995 and 1996, UNICEF will become the principal supplier of vaccines to Moldova. If vaccines become available from other sources, UNICEF assistance will be reallocated for activities in support of ARI and safe motherhood.

23. UNICEF, in collaboration with WHO, will help the Ministry of Health to formulate new policies for the control of diarrhoeal diseases (CDD) and for ARI prevention and treatment. UNICEF will support a national programme for translating and printing training manuals and for the training of trainers of paediatricians on ARI case management and provide ARI kits containing antibiotics, anti-asthmatic drugs and other supplies as recommended by WHO. A survey will help to determine the prevalence of diarrhoeal diseases, and the proper practices for treatment at home and at PHC facilities will be introduced.

Nutrition

24. Training on breast-feeding for obstetricians, paediatricians, midwives, feldshers and nurses will be organized, and intensive public information campaigns for breast-feeding promotion will be launched. Technical assistance will be provided to help the Ministry of Health formulate a policy on and establish "baby-friendly" hospitals. At least the two main maternities should become "baby-friendly" by 1996. As anaemia is reported to be the major cause of morbidity among pregnant women, UNICEF will support surveys to better analyse the magnitude, causes and severity of iron and folic acid deficiencies. UNICEF also will provide drugs for preventive and curative care. The possibility of introducing food fortification and dietary changes will be explored. Leaflets and posters on the prevention of anaemia will be designed and printed in local languages. Personal child growth and health records, to be kept by mothers, that have been developed in Romania will be adapted and printed for Moldova. Training and refresher courses for paediatricians and nurses on post-natal care and growth monitoring also will be supported.

25. UNICEF will cooperate with the Ministry of Health to supply reagents to reinstitute the thyroid-stimulating hormone programme. A survey will be carried out among schoolchildren to estimate the level of IDD, and a salt monitoring system through epidemiological centres will be instituted to determine iodine levels in salt. UNICEF cooperation with Ukraine, from which most of Moldova's salt is imported, will be assisted with iodization equipment and technical assistance to salt producers. Achieving universal salt iodization, while requiring the involvement of different ministries and other organizations, is expected, nevertheless, to yield rapid results.

Education

26. UNICEF will assist the revision of Moldova's curriculum and educational structure through the provision of paper to print new textbooks and teaching guides which are in short supply in the Moldovan language. This component could be supported substantially through supplementary funds. UNICEF also will provide technical assistance for curriculum reform, with an aim that education for a healthy life-style, hygiene and reproductive health studies become integral elements of education for all. A study of channels for spreading messages about health, nutrition and needs of each stage of child development will be undertaken to give mothers better knowledge for child-rearing. The study also will suggest ways in which state enterprises, labour unions, women's and religious organizations, NGOs and the mass media can be involved.

27. The situation of children in institutions requires attention, especially in light of reduced state support for orphanages and special schools. As there are about 22,000 children with disabilities, the manner in which families, communities and the state are coping with the needs of prevention and care of child disabilities deserves higher priority. UNICEF will participate in a legal review to examine how well current laws relate with the Convention on the Rights of the Child.

Research, monitoring and evaluation

28. Priority will be given to completing a situation analysis to help guide the formulation of government policies and opportunities for cooperation with donors. The Department of Statistics will be assisted to develop data

collection and analysis capacity related to the monitoring of key social indicators. This will be linked with the regional MONEE (Monitoring the Transition in Eastern Europe) project, which is due to include Moldova beginning in 1995. A programme review will be carried out towards the end of 1995 to help make the necessary adjustments and to help prepare a strategy for the cooperation from 1997 and onwards.

Cooperation with other partners

29. Effective implementation of the new programme will require close collaboration with other organizations, particularly with the United Nations Resident coordinator, who also represents the United Nations Development Programme, UNFPA, the United Nations Capital Development Fund and the United Nations Department of Humanitarian Affairs in the country. It is likely that common premises will be shared with the other United Nations agencies, which will facilitate collaboration. The NGO sector is still emerging in Moldova, and there is opportunity for the formation of early partnerships with NGOs, especially the Association of Women or the League of Women. The European Union has a programme for Moldova, the United States Agency for International Development is providing assistance in health and the Red Cross is providing basic medicines and supplies.

Programme management

30. UNICEF staff will consist of one international Professional, three National Officers, one administrative and finance assistant, two secretaries and one driver. Close relations will be maintained with the other United Nations organizations present in Moldova, whose knowledge and prior experience will be of considerable benefit, especially in the start-up phase. For the 1995-1996 programme of cooperation, costs for support staff will be covered by resources available for programmes. The Government contribution will be primarily in the form of personnel, infrastructure and logistics support.

II. TURKEY

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	21.7
U5MR (per 1,000 live births)	84
IMR (per 1,000 live births)	67
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	150
Literacy rate (% male/female) (1990)	90/71
Primary school enrolment ratio (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1991)	98
Access to safe water (%)	93
Access to health services (%)	..
GNP per capita (1992)	$1,980
One-year-olds fully immunized against:	
tuberculosis:	63 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	74 per cent
poliomyelitis:	79 per cent
Pregnant women immunized against:	
tetanus:	22 per cent

The situation of children and women

31. Straddling Europe and Asia, Turkey is a diverse society both culturally and economically. Self-sufficient in agriculture, there is a rapidly growing industrial sector. The economy in the western region is modern and dynamic, but the rural east and south-east remain impoverished and display many characteristics of developing countries. Eight provinces are inaccessible for service delivery due to civil unrest. Although per capita income is $1,980, income distribution is uneven, with the richest 20 per cent taking 55 per cent of the country's wealth and the poorest one fifth possessing only 11 per cent. Per capita incomes are less than one half of the national average in the poorest regions.

32. The insecurity and unequal distribution of prosperity and services has prompted a massive migration of the population from the north and east towards western, southern and central regions. The resulting explosive growth of urban areas has resulted in 59 per cent of the population being urban. Rapid urbanization has caused serious shortages in housing, social services and employment. The gecekondus, or shanty towns, that have sprung up as housing on the fringes of major cities have become enclaves of underdevelopment where ignorance of basic health practices exacerbates the diseases of poverty. With overcrowding and a lack of adequate water supply and sanitation facilities, infant and child mortality rates approach those of the rural areas.

33. Of the 76 provinces, the State Planning Organization has designated 31 as priority for development activities. Most of those priority states are in the south-eastern and eastern regions where quality of life indicators are far below national norms. Long-term development projects have been implemented in those states since the early 1970s, but inadequate infrastructure, reduced access to basic services and high unemployment persist. The constant rotation of government personnel, particularly health staff, to more developed areas makes

service delivery more difficult to develop and sustain. Consequently, infant and child mortality rates have declined more slowly in those areas than in the rest of the country.

34. The infant mortality rate (IMR) varies from 32 per 1,000 live births in the west to 100 per 1,000 live births in the rural east. One third of child deaths are attributable to ARI, reflecting low access to health care. Diarrhoea accounts for about 9 per cent of infant deaths, down from previous years as mothers continue to breast-feed and use oral rehydration therapy (ORT), but sanitation is still poor. Malnutrition and perinatal factors remain the major causes of child deaths.

35. Three fifths of the 50,000 primary schools have multi-grade classrooms, which serve rural children in over 70,000 settlements. Of the relevant age-group, 95 per cent attend school and 89 per cent of those who enter grade 1 complete grade 5. However, UNICEF-sponsored research in four provinces shows that over one half of the graduating children do not achieve minimal learning standards.

36. In response to economic problems, the Government has reduced investments in social services. Budgets for health and education have been cut from $43 and $173 per capita in 1992 to $27 and $79 per capita, respectively, in 1995. The seventh development plan, 1996-2000, has been delayed so as to ascertain effects from these austerity measures. This bridging proposal is being submitted so as to be able to prepare the next programme of cooperation within the context of the new national development plan.

Programme cooperation, 1991-1995

37. The thrust of the current programme of cooperation is to reduce disparities by strengthening basic services in the mainly rural areas through the provision of equipment and training and the dissemination of child development messages. Capacity-building is hampered by the frequent rotation of staff. To empower communities for more self-development, UNICEF has assisted the Government with the training of 800 village volunteers to disseminate Facts for Life messages, promote literacy, mobilize for sanitation and monitor unimmunized children.

38. With more accurate estimates of the under-five population based on the 1990 census, Turkey did achieve the universal child immunization targets. The strategy of national immunization days has since given way to strengthening health services at the periphery to vaccinate children as part of routine services. To help sustain this strategy, UNICEF provided 850 refrigerators, 4,000 vaccine carriers, polio vaccine and training for over 1,000 mid-level managers and service workers. More than 46,000 public information materials were produced, including leaflets, posters, and radio and television spots to mobilize the public. After 1990, coverage, none the less, declined initially by about 9 per cent. However, expanded programme on immunization (EPI) coverage is improving rapidly as villagers participate more actively, and the computerized monitoring system introduced by UNICEF facilitates the early identification of problems for corrective action. The same EPI structure is used to distribute vitamin A capsules to children in high-risk areas.

39. Utilization of oral rehydration salts (ORS) has increased from 44 per cent in 1988 to 57 per cent following the strengthening of diarrhoea treatment units in major hospitals, the distribution of ORS packages and the creation of ORT corners at health facilities. Access to ORS is now 95 per cent. In the area of ARI, UNICEF is helping to strengthen curative services by providing essential drugs within a revolving fund mechanism to strengthen sustainability.

40. UNICEF and Ministry of Health officials have engaged with salt producers to promote the iodization of salt as well as inactive but relevant 1968 legislation. Ten major producers followed through to increase the production of iodized salt from 17 to 31 per cent of the market.

41. The free distribution of breast-milk substitutes has stopped and 19 hospitals have been certified as "baby-friendly". Of all hospital deliveries, 31 per cent are breast-fed exclusively. UNICEF has assisted midwife training schools to enrich the curriculum on community organization, communications and public health. UNICEF also has helped to train 1,000 of the 8,000 rural midwives through in-service training and the provision of midwifery kits.

42. UNICEF has focused on improving the quality of primary education and has helped to develop a national approach for assessing student progress. UNICEF assisted with the development of materials and the training of teachers for multi-grade classes in 78 schools. UNICEF also produced learning materials featuring Facts for Life messages for the first five grades and for adult literacy activities. UNICEF supported the training of over 5,000 women on health issues as part of a Ministry of Labour course on skills training. In addition, UNICEF assistance was used to develop models for home- and community-based early childhood development (ECD) activities and to extend mother's care training to 12 provinces for 3,500 women. The cooperation has produced about 90 publications, 10 videos and a series of 13 half-hour dramas, which have attracted a huge television audience.

43. The area-based projects have brought the health and education services together with women's income-generating activities to achieve a strong, positive continued improvement in child indicators in five rural provinces and in peri-urban areas of three cities where the situations of children are far below the national norms. These areas are Sanliurfa and Adiyaman provinces in the south-east, Kars and Agri in the east, Bayburt in the north and the shanty towns of Antalaya, Istanbul and Ankara. With UNICEF assistance, health centres have been equipped; primary school and non-formal educational activities have been intensified; staff and volunteers have been trained; and 3,000 women have increased their incomes significantly, mostly through carpet-weaving, bee-keeping and embroidery.

44. The mid-term review promoted the reorganization of this programme of cooperation by consolidating 36 projects into 25, with stronger linkages and a focus on the mid-decade goals. The country has produced an NPA, and 29 of the priority provinces have developed provincial plans of action for the mid-decade goals.

Recommendation for additional general resources for the approved country programme, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1994	1995	Total
1991-1995	1 703	297	200	497

a/ The amount shown here includes the actual balances carried over from the previous programme cycle.

45. The Turkey country programme for the period 1991-1995 was approved by the Executive Board in 1991 with an allocation of $10,000,000 from general resources (E/ICEF/1991/P/L.19). Based on the availability of additional general resources and opportunities for acceleration of programme implementation towards achievement of the mid-decade goals in Turkey, the annual ceiling of the country programme was increased in 1994 and 1995 by $200,000, and a special allocation of $97,002 was given in 1994 to accelerate progress on the mid-decade goals for

health. Consequently, the Executive Board is requested to approve an additional amount of $497,002 to fund the programme up to the end of the approved programme period.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States dollars)

	1996
General resources	
Basic health	600
Basic education	500
Communication for the development of women	200
Area-based services for children and women	500
Basic services for children in peri-urban gecekondus	250
Advocacy and planning for children	150
Subtotal	2 200
Supplementary funding	
Basic health	800
Basic education	1 600
Communication for the development of women	400
Subtotal	2 800
Total	5 000

Child health

46. The present programme of cooperation aims at breaking the vicious cycle of infection and malnutrition among children and achieving the mid-decade goals for health by building capacity at community and first referral levels. The strategies include mobilization of community leadership, staff training, cost-effective technologies, monitoring and advocacy for policy change. Objectives include (a) raising immunization coverage to 90 per cent; (b) expanding access to ORS and treatment to 80 and 60 per cent of the population, respectively, and teaching 75 per cent of mothers to use ORT and to recognize the danger signs of pneumonia; (c) enhancing safe motherhood and care of newborns through the training of high-risk mothers on child care, the promotion of family planning and targeting 16 hospitals for "baby-friendly" certification; (d) increasing the accessibility of essential drugs at low cost through assessment of a pilot project and policy advocacy for cost-recovery mechanisms nationwide; and (e) strengthening community orientation of health services through the training of 30,000 community volunteers, enriching the public health component of nurse and medical school curricula, and reassessment of computerized reporting procedures.

Basic education

47. This programme aims to provide quality basic education for all, particularly in the south and south-east regions, by identifying learning needs, designing alternative ways to meet those needs and raising community awareness about the importance of education for girls and women as a major factor in development. The objectives include (a) expansion of in-service, multi-grade teacher training from 78 to 300 schools; (b) curriculum development focused on

life skills, particularly Facts for Life themes; (c) training girls to serve as agents of social change for children upon their return to their villages from boarding schools; (d) promotion of family- and community-based ECD models through public awareness campaigns, the training of trainers and education activities for mothers; and (e) development of adult literacy materials and the training of teachers aimed particularly at the learning needs of women and girls.

Communication for the development of women

48. As the long-term sustainability of quality of life for children depends on parental awareness and resourcefulness, this programme aims to empower women with new skills and knowledge through the dissemination of Facts for Life messages, particularly on pregnancy care and early childhood education. Broadcasting of a highly successful television drama and skills training for women's income-generating groups will go to scale as part of a parallel $71 million World Bank-financed project.

Area-based services for children and mothers

49. Area-based services aim to coordinate and reinforce the thrusts of the health, education, communications and promotion of women programmes in the same five predominantly rural provinces where lower levels of family income, education and life expectancy prevail. The goal is to reduce disparities by raising performance on critical social indicators to the national averages. The targets are to reduce IMR to 50 per 1,000 live births; increase prenatal services to at least four consultations per pregnancy; ensure hygienic birth conditions for 80 per cent of deliveries; and increase primary school retention rates so that 75 per cent of students complete grade eight.

50. The strategy involves improving the effectiveness of existing health services and creating a sustainable funding base for preventative health care. Capacity-building activities also will train volunteer community workers to promote environmental sanitation. There are multiple strategies for education and child development to increase demand for formal and non-formal education; to adapt mobile teachers and schools to meet needs in smaller settlements; to provide integrated basic life skills to children; to reduce school drop-out rates by fostering closer school-community relations; to develop community-based forms of early childhood education; to promote community and women's groups; and to refine monitoring of the situation of the children.

Basic services for children in peri-urban gecekondies

51. The urban basic services project, now completed in the peri-urban gecekondu of Antalya and Ankara, will continue to develop participatory community models, strengthen MCH services, address environmental issues, improve access to education and offer women income-generating opportunities in the gecekondu of Istanbul. The project also aims to strengthen the information base on gecekondu which, together with lessons learned from these experiences, will strengthen advocacy on the needs of poor children in poor urban areas.

Advocacy and planning for children

52. This programme will continue to strengthen capacity to monitor the situation of children and progress towards the NPA goals, in particular, by working towards standardization of indicators used in data-gathering instruments and upgrading equipment and skills to computerize this information. The assessment of progress towards achievement of the mid-decade goals, strengthening NPA management to meet the decade goals and mobilization for the annual Children's Festival to raise awareness of children's issues will be major advocacy activities.

Programme management

53. The Child Intersectoral Board, composed of under-secretaries of co-participating ministries, will continue to play a key coordinating role in Government/UNICEF cooperation through quarterly progress assessments and policy deliberations. These exercises have assured a high degree of intersectoral collaboration for programme implementation without compromising execution, which is decentralized for programme managers. These assessments also have enhanced the use of lessons learned by other social development programmes through the involvement of the same high-level decision makers.

Cooperation with other partners

54. The Government is expected to produce the first draft of its next five-year development plan during 1995. Work on the country strategy note is ongoing under the leadership of the United Nations resident coordinator. These, together with the NPA and the situation analysis, will form the basis of the 1997-2000 Government of Turkey/UNICEF programme of cooperation to be prepared during 1995. WHO is involved closely in the development of the technical guidelines for treatment protocols, epidemiological surveys, training and other capacity-building interventions which UNICEF supports as well in the health sector. UNFPA provides contraceptive supplies and funds family education and MCH activities. At Government request, the World Bank will fund through UNICEF expansion of the multi-grade teacher-training project. The Government also will finance rapid expansion of women's income-generating activities and capacity-building for PHC along the same principles developed by the cooperation.